STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013212	A. BUILDING: _____ B. WING _____	C 06/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRINGTON OF CARMEL, THE	**1335 S GUILFORD ROAD CARMEL, IN 46032**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This survey was for the Investigation of Complaint IN00174469. Complaint IN00174469- Substantiated. No deficiencies related to the allegations are cited. Survey date: June 4, 2015. Facility number: 013212 Provider number: 155817 AIM number: N/A Census bed type: Residential: 67 Total: 67 Sample: 4 The Barrington of Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00174469.	R 000		